PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

12606-1

		CLAIMS AS	(Column 1)		(Column 2)		-	TYPE		OTHER THA		
TOTAL CLAIMS			4				ſ	RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			G minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CLA	AIMS	/ mine	us 3 ≃				X40=		OR	X80=	
MU	TIPLE DEPEND	DENT CLAIM P	RESENT					+135=		OR	+270=	
• If	the difference i	n column 1 is	less than zer	o, ente	"0" in column 2			TOTAL	355	OR	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OTHER	
8-30-00 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DW	Total	. 15	Minus	.21)	= /		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***	=			X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	+135=		OR	+270=	
(Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
								ADDIT. (CC)		•		
AMENDMENT B	7-1-1-1	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 5	Minus	2	()	= \		X\$ 9=		OR	X\$18=	
	Independent	• 1	Minus		<u>გ</u>	= "		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						J	+135=		OR	+270=	
							1	TOTAL		OR	TOTAL ADDIT, FEE	
a.R	-1503	(Column 1)	•	(Coli	ımn 2)	(Column 3)		ADDIT. FEE		•	ADDIT. PEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	 ∝	.O.	= \		X\$ 9=		OR	X\$18=	
	Independent	•. 1	Minus	***	3	=	4	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ٔ ل	+135=		ОЯ		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL TOTAL TO										OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3," "If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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		CLAIMS AS	(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			4					RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			G minus 20=		•			X\$ 9=		OR	X\$18=	
INDI	EPENDENT CLA	MS	/ min	us 3 =				X40≃		OR	X80=	
MU	TIPLE DEPEND	ENT CLAIM PI	RESENT					+135=		OR	+270=	
* If 1	he difference i	n column 1 is	less than zer	r "0" in c	olumn 2		TOTAL	355	OR	TOTAL		
	CL		MENDED - PART II (Column 2) (Column 3)			.	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A	2003	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	. 30	Minus	6	68)	- 10]	X\$ 9=	90	OR	X\$18=	150
ME	Independent	· 4	Minus	<	3	=	-	X40=	40	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=		OR	+270=	
								TOTAL ADDIT. FEE	130	OR	TOTAL ADDIT. FEE	
		(Column 1)	•		ımn 2)	(Column 3)_		_	_		
AMENDMENT B	3	CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	1	X\$ 9=		OR	X\$18=	
MEN	Independent	•	Minus	***		=	4	X40=		OR	X80=	
	FIRST PRESE	NTATION OF N	IULTIPLE DEP	ENDEN	T CLAIM		_	+135=		OR	+270=	
								TOTAL ADDIT, FEE	•	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3	3)_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBER 7IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	4	X\$ 9=		OR	X\$18=	
	Independent	•.	Minus	***	T CLAN]=	4	X40=		OR	X80=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
:	If the entry in colu	ımn 1 is less than	the entry in colu	IMN 2, WI	rite "0" in c	olumn 3. nan 20. enter "	20.*	TOTAL ADDIT, FEE		OR	TOTAL ADDIT: FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												